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ABSTRACT

The procedures for establishing a reading clinic in the Lufkin Independent School District are reported. Specifically discussed are (1) the qualifications and selection of staff (director, clinicians, secretary/librarian); (2) suggested materials for word recognition and comprehension; (3) diagnostic procedures and tools used; (4) the instructional schedule tailored to the individual needs of each child, focusing on developing self image, language reading experiences, reading mathematics, and associated problems; and (5) objective and subjective means of evaluation. A study of the achievement of 12 matched pairs of second-grade students is also included. After the 7-month period, the experimental group, who received 1 hour of clinical instruction daily, had a significantly higher mean growth on the Stanford Achievement Test and the Spache Diagnostic Reading Scale. A significant difference in attitude and motivation was also noted. References are included. (CL)

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The Lufkin Public School Reading Clinic was initiated when the School Board, superintendent, assistant superintendent, and several master teachers became cognizant that students from economically deprived or culturally limited backgrounds have more difficulty in achieving their reading potential.

Literature, relating to recognition of the disadvantaged and to designing Reading and Language development programs meeting these

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needs, was reviewed and assessed in preparation for developing the Reading Clinic.

Philosophy

Congrave (2) emphasizes that when teachers demonstrate to children that they care about them, the children begin to care about themselves. Clinicians, by honest praise, encouragement, and support, can convince a child that he can learn. However, they must genuinely like them, as human beings, and understand their frustrations and failures. A clinician has to have faith that she can help her students. Also, children's strengths must be identified in diagnosis if the clinician is to meet with any success. Instruction needs to be individualized. Every effort has to be made to utilize the child's strengths to build his self esteem. Children are encouraged to keep charts and graphs to show progress and thus help to create a feeling of success and confidence in advancement as well as to make them aware of their needs and abilities. Children with particular hobbies or interests are encouraged to plan their reading around them. Experience charts are made related to interests in children's immediate world so each student may read his own story.

Rapport between children with difficulties often leads to their acceptance of each other's problems, and the guidance of an understanding clinician makes way for real gains in achievement. With growing self esteem, a child is able to concentrate on his deficiencies in learning. Convinced of his own worth, he can be more objective, can

accept his handicapped position, and begin to make progress with definite aims in mind. Thus endowed, he can enjoy success and anticipate approval. He now has a reason for learning. Such therapeutic principles are vital when working with disadvantaged children who have experienced only defeat and frustration. The atmosphere created by the staff, including even the bus driver and custodian, who live and work by these principles, is a basic element in the success of a clinic.

Gowan (4) emphasizes the importance of reaching parents as well as the child. Therefore, parents are encouraged to visit with clinicians; invitations are written; clinicians call or contact parents personally; transportation is provided when necessary. Lufkin Public Schools implemented a home consultation program, and its personnel worked in close contact with clinicians and parents of children so as to involve the latter in the learning experiences of their children.

Staffing

The Clinic may be staffed with only a director, clinicians and a secretary who is also trained as a librarian. However, this staff should be able to receive multidisciplinary help on a case where unknown factors complicate the remediation; such workers as a psychologist, social worker, and speech therapist can be most helpful. There are many useful organizations in the community who want to find ways to serve the school. These organizations may contribute lenses, hearing aides, and other needed items. Similar cooperation may be had from pediatricians, psychologists and social agencies.

The Director: Organizing and operating a reading clinic requires supervisory skills. It also requires thorough knowledge of diagnostic tools and remediation techniques. In addition to an in-depth understanding of severe reading disabilities, the clinic director should have responsibility of training staff members, coordinating clinic activities with school personnel, making referrals to such persons as pediatricians, neurologists, psychologists, and conducting parent interviews. The clinic director must be a warm, friendly, enthusiastic reading specialist with a desire to help the child with problems. He should have the ability to serve in the capacity of reading consultant. He should hold at least a master's degree with advanced courses in reading, or meet State Certification for Reading Specialists.

Clinicians: The qualifications of clinicians to work with the disadvantaged were difficult to assess in stipulations of academic work or years of experience. The clinicians should have some experience within the classroom and some graduate special courses. They should possess specific abilities such as working with children of all cultures, being a good listener, cognizant that they must listen patiently to the child, the classroom teacher, and his parents for clues that will help them think through various aspects of a problem and offer a workable solution. Clinicians need to be informed about new materials and approaches and be willing to try innovations. They should be capable of administering and interpreting many tests. In addition, they need a background knowledge of the wide variety of conditions that may cause or prevent a student from reaching his potential.

Secretary-Librarian: The secretary should be a warm, sincere person with a genuine interest in all children. She should be a trained librarian available to help children find books of their interest and level - a generally capable person who keeps personal files and records of the children. Her work also should include sending films and books requisitioned by teachers at the various schools.

Equipping

The Reading Clinic is a material center whose focal point of concentrated effort is to motivate and stimulate the improvement of the total reading program. It may contain a film library, low-level, high-interest library books, annotated bibliographies on various subjects, and bibliotherapy books that are available for all classroom teachers.

Lloyd (7) stated that materials for the disadvantaged should have an audio visual aspect. Therefore, a wide variety of commercial materials as well as teacher-made materials is used. Materials will vary from school to school, but there are some basic materials that are useful in most situations. Since children learn in many different ways, materials for eclectic approaches are available.

These materials are excellent for word recognition: Phonics We Use, Conquest in Reading, Palo Alto Reading Program (Sequential Steps in Reading), Let's Read (Linguistic Basal), Lift Off to Reading (SRA), Word Games Section of SRA Reading Laboratory I, New Phonics Skilltext, The Spectrum of Skills, The Magic World of Dr. Spello, Linguistic blocks, Dolch Games, and Gillingham Method.

Materials used for comprehension include: Specific Skill Series (Barnell Loft), New Practice Reader, Reading Round Table Series, Reader's Digest Reading Skill Builders, Reading for Understanding (SRA), McCall-Crabbs Standard Test Lessons in Reading, and SRA Labs.

These machine-type aids are used: Controlled Reader, Delacato Stereo Reader Service, Flash X, filmstrip projector, Tachistoscope, Rateometer, film projector, overhead projector, and Language Master. Wilson's book, Diagnostic and Remedial Reading, lists publishers and grade level of many of these suggested materials.

Operating

Selection of Students: Classroom teachers identify the students reading significantly below their potential and give their names to their school principal with a request that they be referred for testing. The students are carried through a thorough diagnostic procedure. If the battery of tests indicate a severe reading disability along with the potential to learn to read on grade level, he is accepted as a student for the clinic. If a pupil is not accepted for instruction, the clinician develops a comprehensive report which includes all test data and recommendations for classroom teacher. Each elementary school may send ten students, which makes a total of 100 students in daily attendance.

Diagnosis: The director, thinking, as do Bond and Tinker (1), that the Clinic's greatest aid to a public school system is making more thorough diagnosis than can be obtained elsewhere, designates one day each

week to diagnostic testing. Testing is offered to all ten elementary schools within the system. Helen Robinson's (9) specific steps in diagnosis are followed: First, secure as much information as possible and record it on a case history blank. Second, obtain the most accurate measure possible of the level at which the student should be able to read. Third, administer a standardized reading survey with diagnostic features to determine the general level of reading achievement. Both oral and silent reading should be appraised. Fourth, analyze the data secured in the three preceding steps to determine whether the person has a reading problem and the extent of the retardation. If not, guidance is now given to classroom teacher and the parents concerning other services or procedures which may be useful. If a reading problem is manifested, the next steps are taken. Fifth, a detailed analysis of the nature of the reading problem is made. Sixth, an attempt is made to identify factors which may be inhibiting reading progress. For example, visual and auditory efficiency, and personal and emotional problems are factors given careful consideration. The seventh step is to collate all data secured and to interpret the results as accurately as possible. The last step is to make appropriate recommendation for remedial therapy. The test results are written up and materials and procedures are suggested to the classroom teacher. If the teacher desires, she may check materials from the clinic to use with this child and clinician will meet with the teacher to explain use of materials. Later, a follow-up is made of each child who was diagnosed and returned to classroom for teaching. A letter is sent inquiring into child's progress and offering

further help if recommended procedures are not proving effective.

Diagnostic tools used are Durrell Analysis of Reading Difficulty, Spache's Diagnostic Reading Scales, Gilmore Oral Reading Test, Gray's Oral Reading Test, Gates-McKillop Reading and Diagnostic Test, Titmus Vision Tester, The Harris Tests of Lateral Dominance, Illinois Test of Linguistic Abilities, Slingerland's Screening Tests for Identifying Children With Specific Language Disability, Wepman's Auditory Discrimination Test, Audiometer, Peabody Picture Vocabulary Test, Progressive Matrices, California Test for Mental Maturity, Wechsler Intelligence Scale for Children, Frostig Visual Perception Test, Bender Motor Gestalt Test, and Goodenough-Harris Drawing Test.

Test results should be filed in individual private folders.

Plan: Each child has an instructional period of one hour. The child is scheduled so that he misses only a minimum of content area instruction. Instruction procedures at the clinic follow this general pattern: a child receives individual or small group instruction from one of the clinicians, then moves to individual work on machines or for more specific skill building prescribed by the clinician, after which he has an opportunity for supervised library reading or a Reading Language Experience. The procedure for the students usually follows a program that reflects these four major areas: self image, language reading experience, mechanics of reading and associated problems.

15 minutes - Skills in Context.

1. Readiness, pictures, poems, stories.
2. Visual perception - Frostig Visual Perception exercises.

3. Auditory Skill building.

4. Configuration.

5. Phonics: using materials such as Lift Off to Reading, SRA Word laboratory, Let's Read, Sullivan Programed Materials, and the Gillingham Method.

15 minutes - Skills in Comprehension.

1. Inferring meaning.

2. Determining word meaning.

3. Reading for Understanding - SRA Lab.

15 minutes - Language Experience in Reading.

1. Filmstrip and record.

2. Record with book.

3. Listen to tape or record only.

4. Reading pictures and writing stories.

5. Play therapy.

6. Puzzles, block, pegboards and games.

15 minutes - Enrichment Opportunities.

1. Library of clinic.

2. Film

3. Teacher-read stories - dramatization.

4. Illustrate stories they have enjoyed.

5. Listen to record of music that they like.

Each student's plan is stapled to the front of his folder of daily work. In the back of his folder is a running account of daily work accomplished, materials used and degree of success experienced by the

child, and every indication of pupil change is noted and measured daily. A clip board is fastened to each carrel wall for clinicians to record individual daily diagnostic findings.

Remedial Techniques: At the clinic, learning takes place in a threat-free atmosphere where each child can set his own goals, and instruction can be given at various levels of need as evidenced by each child. Diagnosis is continuous during each instructional period. In the quiet atmosphere of a carrel with no pictures the child is not distracted and can concentrate on his task.

Play Therapy: The clinic provides a setting of play materials through which the child is encouraged to express his feelings and emotions. A clinician is present who interacts nondirectively with the child. A relationship with the clinician is gradually established on the grounds of respect, acceptance, and trust. The child indirectly is helped to work out some of his emotional feeling toward life. Many opportunities are available in the play center for language development.

Bibliotherapy: Spache (11) says that bibliotherapy may be defined as the treatment of personal problems through the medium of reading. Books serve as an aid to problem-solving for the disadvantaged child. A child who is suffering from physical disabilities, emotional disturbances, feelings of being unwanted or unneeded, may, by reading about other children in similar situations, better adjust within the family, the play groups, the schoolroom, and society in general. The disadvantaged child, by identifying in a removed situation, can help to solve, or at least accept, some of the problems which he is experiencing

without further injuring his already defeated ego.

Rapport With Teachers: The clinicians serve the public schools through contacts with teachers whose pupils have been referred to the clinic. The diagnostic reports, prepared by the clinicians, give guidance and materials to teachers concerning the nature of their reading problems, the problems inhibiting progress in reading and the specific instructional needs of each student. The clinician identifies the kinds of information that are needed to understand each student, and she calls the teacher's attention to the needs of the child who was diagnosed; also the teacher may use her greater understanding with other students who have similar problems.

It is important for the staff of the reading clinic to communicate frequently with classroom teachers, not less than twice a month.

Clinic personnel prepare for their own use bibliographies on various subjects which they share with teachers. Since the clinic staff devotes full time to reading, they usually have more opportunities to try out, evaluate and compare tests and instructional materials. They prepare some of their own informal reading tests and exercises related to specific reading difficulties and often share these with other teachers in the system. An evaluation sheet is sent to the teacher at the end of each six weeks instruction period.

Teachers should be encouraged to visit and observe in the clinic where a materials exhibit of workbooks, tradebooks, kits and laboratories, games, charts and such material can help to answer many of their questions. Files of publisher's catalogues, professional books,

records, and films are available. The reading clinic can be a focal point of concentrated effort to stimulate the total reading program through services to teachers.

Evaluating: In order to operate more effectively and efficiently, the clinic should make objective and subjective evaluations periodically to determine if it is meeting its objectives.

Teacher evaluation and standardized tests have shown that there is a group of pupils within the relatively small school district of Lufkin who have severe reading and language development problems. The traditional classroom setting offers little opportunity to meet these needs. The level of performance of these children is such that they need one-to-one assistance in instruction in many instances.

Twenty four children were selected from grade two population of the elementary school on a matched-pair basis for study. Some homogeneity was assured by establishing the following criteria for selection: (1) they were members of families having more than one child in school, (2) the family income and economic characteristics qualified the children as being disadvantaged, (3) their home setting indicated lack of opportunity for an adequate experiential background for success in school and (4) they were considered to be substantially below grade level as measured by the Standard Achievement Test. After the twenty-four children were chosen, they were carefully paired using the following three considerations: pairing together the children who were closest in age, experiential background, and in previous standardized achievement scores. This procedure enabled the establishment of an experi-

mental and control group for study pruposes, Examples of the pairs follow:

Grade 2 Controlled Study
Spache Diagnostic Reading Scales

	Experimental			Control			
	fall	spring	growth	fall	spring	growth	difference
Pair 3 Gregory	1.0	3.3	2.3	1.0	2.3	1.3	1.0
Pair 10 June Marie	1.0	3.8	2.8	1.0	2.3	1.3	1.5

The students assigned to each of the experimental and control groups were given the Stanford Achievement Test and the Spache Diagnostic Reading Scale at the beginning and at the conclusion of the program.

The experimental group (group 1) of twelve students was assigned to the clinic to receive one hour of clinical instruction daily for seven months. The control group (group 2) of twelve students was assigned to regular classrooms to receive the traditional regular classroom program. Each of the twenty four students was diagnosed by the clinicians and each was defined as being in need of remediation

The program provided at the Reading Clinic for the children in Group 1 consisted of carrying them through a thorough diagnostic procedure, more clearly defining their reading deficiencies, experience background, and motor, visual, and auditory skill before attempting to prescribe a program for each child. Procedures for the matched pairs followed the general pattern stated.

The daily records of each pupil's work kept the clinician abreast of progress being made and enabled her to make notes of every indication

of pupil change. Communication with the regular classroom teacher kept both instructional persons informed as to the pupils' progress in each of these areas. Significant differences were found in both testing programs that were favorable toward the experimental group. Group 1 (experimental) had a mean growth, as measured by the Spache Diagnostic Reading Scales, of one year and six months academically. Group 2, on the same test, had a mean growth of only nine months academically. On the Stanford Achievement Test (Reading Battery), Group 1 (experimental) had a mean growth of eight and one-half academic months.

Not all assessment of progress is measured objectively. Statements from parents, teachers, and principals whose students participate in the program, give indication that the clinical program makes a major difference in attitude and motivation. Subjective evaluation, although it cannot be verified statistically, is truly a test of measurement. An empathetic clinician, working with children on a one to five ratio, can be a reliable judge of the intrinsic growth in a child's acceptance of self in his relation to environment and acoomplishment.

The school clinic, which has an extremely high cost, must search for ways to make itself valuable to the school system in areas which extend beyond the walls of the clinic itself. This expanded program might include training teachers in remedial and diagnostic techniques, providing materials for local radio and television educational programs, and in general keeping the community abreast of innovations in reading.

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